

NEW JERSEY HEALTHSTART PROGRAM

PROVIDER AGREEMENT

Instructions: Mail completed Agreement to:

HealthStart
New Jersey Department of Health and Senior Services
PO Box 364
Trenton, NJ 08625-0364

Name of Provider
Street Address
City, State, Zip Code

Provider Agrees:

1. To participate as a provider in the New Jersey Medicaid Program;
2. To maintain New Jersey Department of Health and Senior Services HealthStart Certification; and
3. To provide care and services in compliance with Medicaid regulations and Department of Health and Senior Services Certification requirements established for HealthStart providers.

Failure to continue to meet any of the above conditions shall be cause for termination of this provider agreement.

The provider also agrees that either the provider or the Division of Medical Assistance and Health Services may terminate this agreement by giving the other party 30 days written notice.

Name of Responsible Individual (Print)	
Title	
Signature	Date

Distribution: Original - State
Copy - Applicant